



## Appendix 2

### Summary of Included Studies

Chen 201725 included 69 acute stroke patients who started nasogastric feeding within 7 days of admission. Continuous feeding (n=36) was delivered by an infusion pump at a rate of 20-50ml/hr over 12-17 hours for the first day, increased to 80-120ml/hr as tolerated after the 1st day. Intermittent feeding (n=33) was also delivered by an infusion pump at a rate of 5-10ml/min over 60 minutes five times a day. In both groups, patients were sat at 30 degrees during feeds, NG tubes were rinsed with warm water every 4 hours and there was a seven-hour rest period during the night. A feeding protocol was developed for each patient to deliver 105Kj per Kg per day, and on the 5th day they calculated the percentage of this nutritional goal achieved. In addition to nutritional achievement, authors reported the incidence of gastric retention (>200ml gastric aspirate after a reduction in volume delivered was trialled), diarrhea (2 dilute stools per day or >2 stools per day or continuous diarrhea) and aspiration pneumonia (as defined by the American Thoracic Society guideline for hospital-acquired pneumonia).

Wang 201126 included 53 acute stroke patients but did not mention when within their admission nasogastric feeding was being started. Continuous feeding (n=28) was delivered by infusion pump at a rate of 30-50ml/hr via a 16 F NGT for 20-24 hours for the first day, increased to 30-100ml as tolerated after the first day. The temperature of the nutrient was also controlled at 40°C and the NGT was rinsed with 20ml of warm water after the tube was inserted. For intermittent feeding (n=25) the nutrient was slowly pushed via 50ml syringe 4 to 5 times daily with a duration between 10-15 minutes achieving a nutrient volume 200-300ml each time. The temperature of the nutrient was controlled at about 37°C with the NGT rinsed with 20 ml of warm water before and after feeding. This study also developed a feeding protocol for each patient to deliver 105Kj per Kg per day. Gastric distention was assessed through abdominal palpation combined with measurement of abdominal circumference, diarrhea was defined as >3 defecations per day or a defecation weighing more than 200g and aspiration pneumonia was defined as per the "Diagnostic Standards for Nosocomial Infections (Trial)" of the Ministry of Health Bureau Xinjiang".

Gungor [27] included 62 acute stroke patients but also did not mention when within their admission nasogastric feeding was being started. Continuous feeding (n=31) was delivered by an infusion pump via a 14F NGT at a rate of 10ml/hr for 24 hours within the first 48 hours which was gradually increased to 75ml/hr reaching 1800ml/day. Intermittent feeding (n=31) was also delivered by an infusion pump 120ml was administered twice a day for 30-60 minutes each time within the first 48 hours. After 48 hours the volume was gradually increased to 450ml four times a day by the sixth day. The patient was kept sat up at 30 degrees during feeding. For primary outcomes, gastric retention was defined as a gastric aspirate of more than 250ml, diarrhea was >3 defecation per day or an average of more than 250ml per defecation and aspiration pneumonia (clinical assessed through use of patients reporting increased bronchial secretion and respiratory distress, thoracic examination and fever, raised white cell count, arterial blood gas and chest X-ray, blood and bronchial aspirate cultures and computed tomography of the thoracic examination and fever, raised white cell count, arterial blood gas and chest X-ray, blood and bronchial aspirate cultures and computed tomography of the thorax).